

A Leave Donation Program has been established to assist employees faced with a serious medical illness or injury to themselves or an immediate family member. The Leave Donation Program allows employees to voluntarily transfer accrued vacation, compensatory time and personal holiday hours to another eligible employee within the Local #2170 bargaining unit who has exhausted all other paid leave due to a FML-eligible serious health condition.

ELIGIBILITY

Only probationary or regular status employees within the Local #2170 bargaining unit are eligible and may donate and receive leave. The Donated Leave Program is available to all eligible employees as defined above across all departments.

Further eligibility requirements are as follows:

Donating Employee - To qualify as a donating employee, an employee must be a probationary or regular-status employee working half-time or greater and have sufficient vacation, compensatory time or personal holiday accrued to cover donated time.

Requesting Employee - The requesting employee must be on an approved leave under the Federal Family and Medical Leave Act. The employee must also demonstrate a need of at least 40 hours of donated leave.

The period in which an employee may receive donated leave is the period of Family and Medical qualified leave which would otherwise be unpaid because leave balances have been reduced to zero. Employees may not receive workers compensation benefits prior to, or while, receiving donated leave.

QUALIFYING EVENT

To receive donated leave, an employee must apply for and receive approval for leave under the Family and Medical Leave Policy. Employees may request leave for a serious health condition affecting themselves, their spouse, parent, child, stepchild or some one with whom the employee has an "In Loco Parentis" relationship. Donated leave may not be used for parental leave following the birth or placement of a child for adoption or foster care.

SERVICE ACCRUALS AND OTHER BENEFITS

Donating employees may donate accrued vacation, compensatory time or personal holiday leave. Donated vacation, compensatory time or personal holiday leave will be converted on a straight hour-for-hour basis to the recipient employee's sick leave account. Donated hours can only be credited for subsequent use. Any hours donated after the payroll cut-off shall not be retroactively applied.

The donated leave, when converted, will be treated and utilized as sick leave for all purposes. If the donated sick leave is unused when the employee returns to work, the recipient employee will retain any balance remaining (as regular sick leave).

Employees, while using donated leave on an approved Family Medical Leave, will continue to be eligible for City-paid health benefits.

PROCEDURES

Requesting Employee:

Any eligible employee may request a donation of hours by completing the ***Request to Receive Donated Leave*** form (see Appendix A). If such employee is not capable of making application on their own behalf, a personal representative may make written application for the employee. Consent shall be obtained from the employee before application is made on behalf of that employee or, in situations where this is not possible, the recipient's guardian. This form is obtained by contacting the Human Resources and Risk Management Department (HR & RM).

Requests for leave donation must be submitted to the Human Resources and Risk Management Department, in conjunction with the Family and Medical Leave Act (FMLA) application when possible. In order for the timely transfer of leave, forms must be submitted in the most immediate manner possible. Donated leave may only apply to time that would otherwise be unpaid during an approved Family Medical Leave. The request for donated leave will be reviewed in a confidential and objective manner. All determinations made by HR & RM regarding qualification for donated leave are final.

Each request shall provide the following information concerning the potential leave recipient:

- Name, Employee Number, Department, Work Location, Work Phone, Supervisor's name, and Employment Status;
- Certification from the attending physician or other applicable health care provider with respect to the qualifying condition submitted with the FML application; and
- Any additional information that may be required to verify the information in the leave recipient's request.

The recipient must have exhausted all accumulated leave including compensatory time; personal holiday, vacation, and sick leave prior to using any donated leave hours. If it can be shown by the requesting employee that during the anticipated period of disability all accrued leave will be exhausted, the request may be made prior to the actual disabling event. The recipient must not be eligible to receive workers' compensation benefits. The recipient employee may receive up to a maximum of 480 hours, or twelve-week full-time equivalent, donated leave. The maximum eligible hours of donated leave will be reduced by the hours, which are paid by the employee's leave balances.

The recipient may exercise their option under the program in any 12-month period. The City will determine eligibility under this provision by the use of the "rolling 12-month" basis, in which the 12-month period is measured backward from the date the Family Medical Leave request is effective.

Donating Employee:

Applicable paid leave may be donated within 14 calendar days from the date of the "Posted" notice of request for donations. Subsequent postings may be utilized for any additional needs. Hours are donated by completing the ***Request to Donate Leave*** from as shown in Appendix B, and must be submitted to HR & RM as indicated on the posted notice.

Leave may be donated in increments of one hour up to a maximum of 40 hours per donor.

HUMAN RESOURCES & RISK MANAGEMENT RESPONSIBILITY

Requests:

Notification of determination of approval or denial will be made within seven calendar days of receipt of a request. The determination will be completed by HR & RM staff.

If the request is approved, the employee will be notified of the decision, the maximum amount of donated leave time the employee may receive, and the effective date. See Appendix D for an example.

If the request is denied, the employee is notified of the decision by letter. See Appendix E for an example of this letter.

The request is filed in the employee's Family Medical Leave file with the final decision and all supporting documentation.

Donations:

HR & RM will generate the ***Request for Donation of Leave*** notice to be posted. See Appendix C for an example.

DEPARTMENT RESPONSIBILITY

Due to the emotional atmosphere and high sensitivity surrounding these employee health conditions and issues, it is extremely important to respect each employee's decision to donate or not donate. It is not acceptable or appropriate to pressure, intimidate otherwise attempt to convince any employee to take action in a donation issue that is not of the employee's own volition. Each department will be responsible for making sure that all requests get posted and/or distributed for all employees to see. Additionally, each department will have ***Request to Donate Leave*** forms available for those employees who wish to donate to the recipient. All such forms offering to donate leave shall immediately be submitted to HR & RM.

PAYROLL RESPONSIBILITY

Payroll reduces the donor's vacation, compensatory time, and/or personal holiday balances according to the approved request forms submitted by the Department. Payroll will notify the donor of the transfer of leave. Payroll shall retain the Donation Request from each employee for an audit trail.

Upon notification of the donation of hours, Payroll will credit the receiving employee's record with the authorized hours. The hours shall be credited as sick leave. A copy of the approved leave report shall be retained in the Payroll Department.

APPENDIX A

REQUEST TO RECEIVE DONATED LEAVE

THIS FORM MUST BE ATTACHED TO THE FAMILY AND MEDICAL LEAVE APPLICATION FORM

Please Type or Print

TO BE COMPLETED BY APPLICANT OR PERSONAL REPRESENTATIVE OF APPLICANT

Name (Last, First, MI)

Employee Number:

Department Name:

Work Location:

Work Phone:

Employee Status:

☐ Full-Time ☐ Part-Time

Number of Hours Per Week: _____

Leave Balances at End of Last Pay Period:

Sick _____ Comp Time _____

Number of Hours of Leave without Pay
Anticipated For This Medical Event:

Vacation _____ Personal Days _____

Optional: Brief summary of any information to be released in general City announcement:

SIGNATURE OF RECEIVING EMPLOYEE

Signature

_____/Date/_____
Date

SIGNATURE OF PERSONAL REPRESENTATIVE OF RECEIVING EMPLOYEE

Name - Please Print

Relationship to Employee

Signature

_____/Date/_____
Date

SIGNATURE OF RECEIVING EMPLOYEE'S SUPERVISOR

Name - Please Print

Phone Number

Signature

_____/Date/_____
Date

FOR USE BY HUMAN RESOURCES DEPARTMENT

EVENT	DATE	STATUS	INITIALS OF PERSON PROCESSING
FML Request Received By HR			
Medical Documentation Received			
Request for Donated Leave Received by HR			
Accrued Leave Verified			
Date Paid Leave Exhausted			
End of FML Entitlement			
Disability and Workers' Comp. eligibility?			
Payroll Notified			
Notice Sent To Employee			

PAYROLL INFORMATION:SECTION

This Request is:

Approved*

Denied

*Maximum Amount of Donated Leave Eligible for Transfer: _____

Maximum Hours

HR Approval: _____

Date (Approved/Denied)

APPENDIX B

REQUEST TO DONATE VACATION/PERSONAL HOLIDAY/COMP TIME

I request that vacation/leave/personal holiday/compensatory time be transferred to

(Receiving Employee's Name & Employee Number)

I have sufficient leave in my account to cover this amount. I understand that my decision to transfer paid leave is irrevocable and that such leave may only be donated in increments of one hour up to a maximum of 40 hours.

Please Type or Print

TO BE COMPLETED BY LEAVE DONOR	
Name (Last, First, MI):	Employee Number:
Department Name:	Work Phone:
Leave Balance(s) as of End of Last Pay Period:	Amount of Total Hours to be Transferred (1 - 40 Hours):
Vacation _____ Hrs.	_____ Hrs.
Personal Holiday _____ Hrs.	
Comp Time _____ Hrs.	

SIGNATURE OF LEAVE DONOR	
_____ Signature	
_____ Date	

PAYROLL/HUMAN RESOURCES SECTION	
Leave Balance Verified and Requirements Met:	Yes _____ No _____
Signature HR _____	Date _____
Amount of Leave to be Transferred: _____	
Signature P/R: _____	Date: _____

APPENDIX C

REQUEST FOR DONATION OF LEAVE HOURS

TO: ALL LOCAL 2170 EMPLOYEES

FROM: *HUMAN RESOURCES DEPARTMENT*

DATE: *(CURRENT DATE)*

Our fellow employee *(NAME)* is in need of your help. *(NAME)* has been approved for an extended leave under the City's Family and Medical Leave policy due to an illness of (self, spouse, child, or other family member). This situation has created a hardship because all paid leave (sick, vacation, personal holiday and compensatory time) has been exhausted. As a result, donated leave has been requested.

If you would like to donate 1 to 40 leave hours, please contact Human Resources for a Request to Donate Leave form. Human Resources Department and Payroll will work together to coordinate the transfer of leave hours.

All requests must be submitted within 14 calendar days from the date of this memo.

Thank you for your consideration.

APPENDIX D

TO: (EMPLOYEE)
(DEPARTMENT)

FROM: Human Resources Department

DATE: (CURRENT DATE)

SUBJECT: REQUEST TO RECEIVE DONATED LEAVE

We are pleased to inform you that your Request to Receive Donated Leave has been approved. We will post a request in all bargaining unit departments.

The maximum amount of donated
leave you may receive is: _____

You may begin using donated leave on: _____

Human Resources will be responsible for receiving donation requests, verifying the amount of donation leave balances, and submitting requests to donate leave to Payroll for processing.

APPENDIX E

TO: (EMPLOYEE)
(DEPARTMENT)
FROM: Human Resources Department
DATE: (CURRENT DATE)
SUBJECT: REQUEST TO RECEIVE DONATED LEAVE

We regret to inform you that your request to receive donated leave has not been approved since it does not meet the eligibility requirements with respect to:

Your illness or injury does not qualify under the Family Medical Leave Act.

_____ Your illness or injury is job-related and therefore you are eligible to receive Workers' Compensation.

_____ The length of anticipated absence from the job is less than 40 hour. which is less than the minimum amount of leave required by the Leave Donation Policy.

_____ Insufficient information from your doctor to make a determination as to whether the illness/injury is seriously incapacitating.

_____ Other:
